

Neil Hefferman P A-C

Branch Russian Judge Rombo
1:CV-00-1728pm

DC-135A

Exhibit AA-2COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
Mr. Pulminski Main Kitchen	8-2-00
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
William Branch CF 3756	M. Long
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
	R H U 115 VI
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.	

Sir: has my Diet been changed

from 2500 . if not Please

Speak with the Person Preparing

the Diet Bags as I am not getting

my Bags on a regular Basis and

I am Receiving 2000 on the ones I Receive

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

(P.S) one day of severals ask you

Mr. Branch, had to call for my Bag

Effective 7-30-00, your diet or I has been charged to a 2000 cal. diabetic diet, so the snack bag you have been receiving is correct. I regard to your not receiving a bag, I will look into the matter and insure that your bag is sent rightly.

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

James F. Tolosa for Mr. Pulminski

8-4-00

DC-135A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER**INSTRUCTIONS**

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
Mr. Pulmurski F.m. I	8-7-00
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
Tom Branch CF 3756	Mr. Long
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
	RH 12
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.	

Sir: I don't understand why I
 keep receiving 2000 cal Diet & Bag, I
 spoke with the Doctor and he has stated
 that he ordered 2500 cal Diet for me

Can you Please check into this

Thank you

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr. Branch,
 This was checked into several days ago when I answered your last request. Neil Heffernan, PA, signed your last diet order on 7-30-00 and prescribed a 2000 calorie diabetic diet for you which is valid until 1-30-00. We will not send a 2500 calorie diet until your prescribed diet has been changed. Attached is a copy of the diet order.

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

James F. Stollosa for Mr. Flominski

8-7-00

DC-135A

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	Neil Hefferman	2. DATE	8-9-00
3. BY: (INSTITUTIONAL NAME AND NUMBER)	Wm Branch CF 3756	4. COUNSELOR'S NAME	
5. WORK ASSIGNMENT		6. QUARTERS ASSIGNMENT	R H U

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Sir: I have learned that you changed my diet on 7-30-00 as this is a Saturday and I was in the R H U. Please explain to me why and who told you to do this as I did not see you and I have spoken with other medical staff and they don't seem to know anything about this and I had just received my last check up and diet pass earlier this month 7-5-00 or there about. Please correct this matter as soon as possible. I await your reply.

William Branch

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr. Branch you are on a 2500 CALORIE DIABETIC DIET. The same diet you were been on since 4-26-00

 Neil Hefferman, PA-C

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER**INSTRUCTIONS**

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Mr Pulminski Food manager

2. DATE

8-30-00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Wm Branch CF 3756

4. COUNSELOR'S NAME

Mr Long

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

R Hu

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Sir: I have been writing you during my time here in the R Hu about my diet Bag. Some How my bag has not been properly delivered to me sometimes no meat and some one stepped on my bread other times not at all an to day 1 slice of bread when 2500 gets 2 slices of

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Bread. I would think that more care be provided in light of these many complaints if I can not feel that my meals are properly prepared and handle in a Sanitary manor, that feel constitute a violation of the 8th amends Cruel and unusual punishment!

Please speak with your staff to insure that my meals are correct

Respectfully
I await your Reply

Sir,
I will address . I have not received any communication from you in over 2 months. I can not address a problem if I am not aware of it happening . I suggest you bring these complaints to DC-14 CAR ONLY to the attention of the R Hu to DC-14 CAR AND DC-15 IRS Lt. (Wellins). I will inspect your bag from this end.

STAFF MEMBER

Frank J. Pulminski Food Service Mgr I

DATE

9-5-00

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

DEPARTMENT OF CORRECTIONS

THERAPEUTIC DIET ORDER FORM

MEDICAL NUTRITION THERAPY

Order Date: 7-30-00 Expiration Date: 1-30-01 Height: 5'9" Weight: 230

Potential food/drug interaction problems? (i.e., Lithium, MAO Inhibitors, Theophylline): Yes No ✓ (If Yes, explain):

PA DOC STANDARD DIETS

<input checked="" type="checkbox"/> DIABETIC: Circle calorie level. Diabetic diets have a total fat content <30%. Na restricted; HS snack <u>automatically</u> included. 1500 <u>2000</u> 2500 3000	<input type="checkbox"/> CARDIAC: Fat/Cholesterol/Sodium Restricted: Total fat <30% of total calories; Saturated fat <7% of total calories; Cholesterol <200 mg/day; Sodium 3000-4000 mg; approximately 2500Kcal.
<input type="checkbox"/> HIGH KCAL/PRO: 120 gram protein, >4000 kcal.	<input type="checkbox"/> MECHANICAL SOFT: Consistency modified to minimize need for chewing
<input type="checkbox"/> RENAL (NON-DIALYSIS): 60 gram protein, sodium, potassium, phosphorus & fluid controlled	<input type="checkbox"/> CLEAR LIQUID: (duration 3 days max)
<input type="checkbox"/> RENAL (DIALYSIS): 80 gram protein, sodium, potassium, phosphorus & fluid controlled	<input type="checkbox"/> FULL LIQUID: (duration 3 days max)

 OTHER NON-STANDARD DIET:

Additional modifications/comments:

BKO

Physician/PA Signature:

Neil Heffernan, PA-C

WHITE — Medical Records

CANARY — Food Service

Therapeutic Diet Order
Commonwealth of Pennsylvania
Department of Corrections
DC-465

Inmate Name:

BRANCH, William

Inmate Number:

CF 3756

DOB:

1-13-52

Institution:

Waymart

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

BRYAN EUGENE STANTON, Sr., :
Plaintiff, : Civil Action No. 1:CV-98-1453
v. : (Judge Munley)
ROBERT W. MEYERS, et al., :
Defendants :

CERTIFICATE OF SERVICE

I hereby certify that I am this day depositing in the U.S. mail a true and correct copy of the foregoing Praeclipe for Withdrawal/Entry of Appearance upon the person(s) and in the manner indicated below.

Service by first-class mail
addressed as follows:

Hubert X. Gilroy, Esquire
Broujos & Gilroy, P.C.
Attorneys at Law
4 North Hanover Street
Carlisle, PA 17013


Janelle C. Stapleton
Clerk Typist 2

PA Department of Corrections
Office of Chief Counsel
55 Utley Drive
Camp Hill, PA 17011
(717) 731-0444

Dated: October 9, 2001